



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Agricultural Resource Management
 Bureau of Agrichemical Management
 PO Box 8911, Madison WI 53708-8911
 Phone: (608) 224-4500

OFFICE USE ONLY

RP Name:

Case Number:

ACCP LANDSPREADING POST-APPLICATION REPORT

(s. 94.73, Wis. Stats.)

PART I	
LANDSPREADING DATE(S):	TOTAL ESTIMATED VOLUME LANDSPREAD::
LANDSPREADING EQUIPMENT USED:	PROPOSED TILLAGE METHOD FOR THIS FIELD:
LANDSPREAD BY:	TOTAL ESTIMATED PESTICIDES (LBS):
PROBLEMS ENCOUNTERED DURING LANDSPREADING:	

PART II – Landspreading Site Information	
Field ID	Actual Acreage Covered

PART III – Landspreading Permit Holder

I am submitting this form per the requirements of s. ATCP 35.03(6), Wis. Admin. Code. The information listed above is true and accurate to the best of my knowledge. Furthermore, I certify that the landowner has been informed of the amount of product landspread on each field.

 PERMIT HOLDER NAME (PRINT OR TYPE)

 PERMIT HOLDER SIGNATURE

Personal information that you provide may be used for purposes other than that for which it was originally collected. Wis. Stat. s. 15.04(1)(m).